



Iowa Department of Human Services

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Director

INFORMATIONAL LETTER NO.1466

DATE: December 22, 2014

TO: All Iowa Medicaid Providers (Excluding Individual Consumer Directed Attendant Care)

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Provider Enrollment Application Fee-Revision

EFFECTIVE: January 1, 2015

*****This letter replaces Informational Letter No. 1458 dated December, 16, 2014*****

Consistent with Medicare requirements, the IME will require an application fee for newly enrolling and re-enrolling organizational providers effective January 1, 2015. The application fee is not required for individual providers enrolling in Medicaid or providers who are enrolled with Medicare, another state's Medicaid program or the Children's Health Insurance Program (CHIP).

As defined by 42 CFR 455.460, an application fee will be required with initial applications for new enrollment, applications for a new practice location, and any re-enrollment. Providers will be required to pay an application fee before the application can be processed. The Centers for Medicare and Medicaid Services (CMS) sets the application fee amount, which for calendar year 2015 is \$553.00 and may be adjusted annually.

Should the application fee prove to be a hardship for the provider, CMS may agree to waive the fee through an exemption request. The request must include details of the impact that payment of the application fee will have on beneficiary access to care, with the final decision being made by CMS.

Submitting the application fee:

The IME will accept a check or money order payable to Iowa Medicaid Enterprise which may be mailed to:

IME Provider Enrollment Unit
P.O. Box 36450
Des Moines, IA 50315

Request for Hardship Exemption:

If the enrolling or reenrolling provider believes the application fee is a significant hardship to their organization, the [IME Provider Enrollment Application Fee Hardship Exemption](#)

[Request](#)¹, may be submitted. Please note that the IME cannot process the enrollment application until the hardship request has been approved by CMS or a fee has been received by the IME. To avoid delay in processing the application, the IME suggests that both the application fee and the IME Provider Enrollment Application Fee Hardship Exemption Request be submitted. If the hardship request is approved by CMS, the fee will be refunded.

Each hardship exemption request must include details on the impact to beneficiary access to care. The IME will review the details of the request and forward on to CMS. The final decision to waive the application fee is made by CMS, who will then notify the IME of their decision. If CMS denies the hardship exemption request, the IME will provide written notification within five business days of the denial and allow 30 days for the application fee to be paid to the IME. If the application fee is not paid within 30 days, the application will be denied. If the application is denied for lack of payment the application and fee may be resubmitted at any time.

If CMS approves the hardship exemption request, the IME will process the provider application and a final determination of the application will be sent to the address listed on the application.

Frequently Asked Questions (FAQ):

Please refer to the [FAQ](#)² available on the [Provider Enrollment Homepage](#)³.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.

¹ <https://dhs.iowa.gov/sites/default/files/470-5298%20IME%20Provider%20Enrollment%20Application%20Fee%20Hardship%20Exemption%20Request.pdf>

² https://dhs.iowa.gov/sites/default/files/ProviderAppFee_FAQ_12112014.pdf

³ <http://dhs.iowa.gov/ime/providers/enrollment>